improvement of the quality and outreach of family welfare services, reduction of infant child and maternal mortality, eliciting larger participation of the people in population control efforts and the need to have strong administrative support and political will for pursuing the population control programme. A committee of the National Development Council on Population has been set up to take into account the multi-sectoral dimension of the population issues and to evolve a National Population policy. An Action Plan has been prepared in consultation with state Governments and Union Territories Administration for imparting a new thrust and dynamism to the Family Welfare Programme. Population Control is a thrust area in the Vill five Year Plan and foremost priority is being accorded to it.

(e) A statement showing trend in birth rate, death rate and growth rate during 1988, 1989 and 1990 (as per SRS estimates) in respect of all the States/UTs in the country is enclosed. [See Appendix CLXIV, Annexure No. 4].

It is not possible at this stage to predict the fall to be recorded in birth rates in the States/UTs over the next five years. However, the goal of reducing the Birth Rate to 26 per thousand has been laid down by the end of Vill Fi,ve Year Plan.

**Sunlight Treatment for Cancer**

23. MISS SAROJ KHAPARDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that a group of researchers at the University of Tokyo have developed a method of treating Cancer by using Sunlight, as per the news item captioned, "Sunlight Treatment for Cancer", which appeared in the 'Times of India', dated 4th June, 1992; and

(b) if so, what are the details in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDDIIARATHA) : (a) Yes, Sir.

(b) The method of treatment of Cancer by focusing sunlight to the affected area after an injection of a photosensitive substance is a variant of photodynamic therepy.

**Moiquito Menace**

24. SHRI SHIV PRATAP MISHRA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration to bring forward a legislation to check mosquito menace; and

(b) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARATHA): (a) No.

(b) Does not arise.

**Malaria Eradication Programme**

25. SHRI P. UPENDRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Malaria Eradication Programme has received a set back recently and a large number of cases of Malaria have been reported from various parts of the country;

(b) whether Malaria Falciparum has been on the rise in Delhi during the past four years; and

(c) what steps are being taken to control the disease and strengthen the Malaria Eradication Programme ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K, THARA DEVI SIDDHARTHA): (a) No. There has not been an increase in the malaria cases reported from various parts of the country; malaria cases have been between 1.6 million to 2 million during the last five years.

(b) As per reports. received, the number of P. falciparum cases have shown a declining trend in Delhi during the past four

years, except in 1990, as per details given below:

| Year | No. of P. falciparum cases |
|---|---|
| 1988 | 92 |
| 1989 | 32 |
| 1990 | 89 |
| 1991 | 24 |
| •1992 (upto May' 92) | 7 |

(c) The steps being undertaken for control and containment of Malaria include :—

(1) Anti-Vector Measures

(a) Chemicals methods

— Spraying with appropriate insecticides like DDT/BHC/Malathion.

— Weekly application of anti-larval chemicals in water bodies in Urban areas.

(b) Biological methods

— Introduction of larvivorous fishes wherever feasible.

(2) Anti-Parasitic Measures

— Case detection and prompt treat ment with appropriate anti malarials.

(3) Personal protection measures by the use of clinically impregnated bednets wherever feasible, being proposed to be undertaken during VIII Plan Period.

(4) Comprehensive tribal malaria control campaign in tribal areas of 7 States namely Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Orissa and Rajasthan by using different intervention methods for control of Malaria is being proposed.

(5) Intensive health education to enlist active people's participation in malaria control activities.

**Facilities to C. G. H. S. Beneficiaries in R. M. L. Hospital**

26. MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the details of facilities available in R. M. L. Hospital, New Delhi for C.G.H.S. beneficiaries;

(b) the names of C. G. H. S. Specialist Doctors at present in the Hospital day-wise;

(c) whether it is a fact that the pressure of work on these specialists has increased and the present facilities have become inadequate to cater to C. G. H. S. beneficiaries;

(d) if so, whether Government propose to expand these facilities in major Hospitals in Delhi/appoint more specialists in more C. G. H. S. Dispensaries;

(e) if so, the details thereof; and

(f) if not, the reasons therefor and in what manner Government propose to meet the situation ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) The Services available to CGHS beneficiaries and general public in R.M.L. Hospital are in the specialities of Medicine, Surgery, Orthopaedics, Gynae. & Obst., Dental, Skin, Psychiatry, Physiotherapy, E. N. T., Eye, Neuro-Sur-gery, Plastic Surgery, C. C. U. etc. However, entitled CGHS beneficiaries are provided Nursing Home facilities free of cost except diet charges. All diagnostic tests are done free for CGHS beneficiaries. Medical and Surgical Departments run separate O. P. D. for Central Government Health Scheme beneficiaries.

(b) A list is attached as Statement *(See below).*

(c) There is a network of dispensaries which are adequately covered by specialist* services through 31 nodal dispensaries and 2 nodal centres.